PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Application Number 10/517,697 TRANSMITTAL Filing Date 12/13/2004 **FORM** First Named Inventor David Eric Appleford et al. Art Unit 3753 (to be used for all correspondence after initial filing) **Examiner Name** Attorney Docket Number 5 1064.25 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance communication Fee Transmittal Form Drawing(s) to Technology Center (TC) Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please **Terminal Disclaimer** Identify below): Extension of Time Request Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Remarks Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm es M. Corbitt Jar Individual name Signature mes Date 09/22/2005 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Typed or printed name Vinisha Joshi Vinishe Tish Date 09/22/2005 Signature

SEP 9 6 2005

Under the Paper MAD Subtrition Act of

PTO/SB/81 (06-04)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displays a valid OMB control number.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERC uder the Passard State of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

	office of the contract of the	or riuriber.
Application Number	10/517,697	
Filing Date	12/13/2004	
First Named Inventor	Appleford et al.	
Title	Pressure Protection System	
Art Unit	3753	
Examiner Name		
Attorney Docket Number	1064.25	

l hereb	y appoint:					_
V	Practitioners associated v	with the Customer Number:		02117	76	
0	R	l	<u> </u>			
	Practitioner(s) named be	ow:				
[Name			Registration Nu	ımber
					·	
				_		
			 			
as my/	our attorney(s) or agent(s	s) to prosecute the application i	identified above	and to tran	neact all business in	the United States Patent and
Traden	nark Office connected the	erewith.		and to train	isact an pusiness in	the United States Faterit and
Please	recognize or change the	correspondence address for t	he above-identific	ed applicat	tion to:	
~	The address associate	ed with the above-mentioned C	ustomer Number	7		
				•		
' ا	OR					
	The address associate	ed with Customer Number:			1	
	OR	ι				
	Firm or			_		
	Individual Name					
	Address					
	Address City			State		Zip
	Country	-		State		Zip
	Telephone			Fax		
I am th						
	Applicant/Inventor.					
	•	he entire interest. See 37 CFR	2.3.71			
		FR 3.73(b) is enclosed. (Form				
SIG	NATURE of Applicant of	r Assignee of Record (if assi	gnee, put name,	title and co	ompany name in the	e "Name" space below)
Name	David Eric Applef	ord				
Signati		Appletora.				
Date	8th July	2005/			Telephone	
	Signatures of all the inventor more than one signature is r	s or assignees of record of the entirequired, see below*.	re interest or their re	epresentativ	re(s) are required. Subr	nit multiple
*Total of4 forms are submitted.						



PTO/SB/81 (06-04)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displays a valid OMB control number.

Under the Paperwell February Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/517,697	
Filing Date	12/13/2004	
First Named Inventor	Appleford et al.	
Title	Pressure Protection System	
Art Unit .	3753	
Examiner Name		
Attorney Docket Number	1064.25	

l here	by appoint:				
V	Practitioners associated with the Customer Number:		02117	6	
	OR .	L			J
	Practitioner(s) named below:				
	Name			Registration Nun	nber
			- · · · · · · · · · · · · · · · · · · ·	-	
		_			
	our attorney(s) or agent(s) to prosecute the application mark Office connected therewith.	identified abo	ve, and to trans	sact all business in th	ne United States Patent and
Please	e recognize or change the correspondence address for t	the above-ide	ntified application	on to:	
V	The address associated with the above-mentioned C		• •		
		Justomer Nun	iber.		
	OR			•	
	The address associated with Customer Number:				
	OR ·				
	Firm or				
 _	Individual Name Address				
	Address				
	City		State		Zip
	Country				
	Telephone		Fax		
l am t					
	Applicant/Inventor.				
	Assignee of record of the entire interest. See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form		<u> </u>		
SIG	NATURE of Applicant or Assigned of Record (if ass	ignee, put nar	me, title and co	mpany name in the '	'Name" space below)
Name Brian William Lane					
Signature					
Date	18th July 2009			Telephone	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
	*Total of4 forms are submitted.				

PTO/SB/81 (06-04)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE eduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	10/517,697	
Filing Date	12/13/2004	
First Named Inventor	Appleford et al.	
Title	Pressure Protection System	
Art Unit	3753	
Examiner Name		
Attorney Docket Number	1064.25	_

I hereby appoint:					
Practitioners associated	d with the Customer Number:		02117	76	
OR	_				-
Practitioner(s) named b	ełow:				
	Name			Registration Nu	mber
				-	·
-	<u></u>	$\overline{}$			
as my/our attorney(s) or agen Trademark Office connected t	t(s) to prosecute the application in	dentified above, a	ind to trans	sact all business in	the United States Patent and
i — i	ne correspondence address for th	ne above-identifie	d applicati	ion to:	
The address associa	ated with the above-mentioned Cu	ustomer Number:			
OB	_				
OR					
The address associ	ated with Customer Number:				
	L				
OR					
Firm or Individual Name	-				
Address					
Address				··· · · · · · · · · · · · · · · · · ·	
City	+		State		Zip
Country	-		ı		_
Telephone			Fax		
I am the:	L				
Applicant/Inventor.					
	5 No. 2 and 10 a feet and 10 a	0.74			
	f the entire interest. See 37 CFR CFR 3.73(b) is enclosed. (Form F				
SIGNATURE of Applicant	or Assignee of Record (if assignment)	gnee, put name, t	itle and co	ompany name in the	"Name" space below)
Name Ronald Geoffre	y/William/Smith				
Signature PW	(not)			•	
Date /26-0	7-05			Telephone 04	438 316538
NOTE: Signatures of all the invent forms if more than one signature is	ors or assignees of record of the entire	e interest or their rep	presentative		
*Total of4					



PTO/SB/81 (06-04)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	10/517.697	
Filing Date	12/13/2004	
First Named Inventor	Appleford et al.	
Title	Pressure Protection System	
Art Unit	3753	_
Examiner Name		
Attorney Docket Number	1064.25	_

I hereby appoint:	
Г пегеру аррони.	
Practitioners associated with the Customer Number:	021176
OR	
Practitioner(s) named below:	
Name	Registration Number
·	
(1 of 1 have add to the control of th
as my/our attorney(s) or agent(s) to prosecute the application in Trademark Office connected therewith.	dentified above, and to transact all business in the United States Patent and
Please recognize or change the correspondence address for the	ne above-identified application to:
The address associated with the above-mentioned C	ustomer Number:
OR I	
ار	
The address associated with Customer Number:	
OR	
Firm or Individual Name	
Address	
Address	
City	State Zip
Country	
Telephone	Fax
I am the:	
Applicant/Inventor.	
Assignee of record of the entire interest. See 37 CFR	371
Statement under 37 CFR 3.73(b) is enclosed. (Form	
SIGNATURE of Applicant or Assignee of Record (if assignee	gnee, put name, title and company name in the "Name" space below)
Name Nicholas John Abbott Andrews	
Signature A daman A da	
Date 17 Angust 2005 -	Telephone
NOTE: Signatures of all the inventors or assignees of record of the enti- forms if more than one signature is required, see below.	e interest or their representative(s) are required. Submit multiple
*Total of 4 forms are submitted	